

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
5	/					55						
6	/					56						
7	/					57						
8	/					58						
9	/					59						
10	/					60						
11	/					61						
12	/					62						
13	/					63						
14	/					64						
15	/					65						
16	/					66						
17	/					67						
18	/					68						
19	/					69						
20	/					70						
21	/					71						
22	/					72						
23	/					73						
24	/					74						
25	/					75						
26	/					76						
27	/					77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	/					TOTAL IND.						
TOTAL DEP.	/					TOTAL DEP.						
TOTAL CLAIMS	/					TOTAL CLAIMS						